

SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM

ACTIVITY REPORT

Completion of this report is required by authority of Part 821, 1994 PA 451, as amended, to receive reimbursement.

For Grant Period beginning _____ **, ending** _____

Law Enforcement Agency
Street Address or P.O. Box
City, State, ZIP

[illegible]

Prepared by: (please print)		Approved by: (please print)	
Officer's Signature	Date	Command Officer's Signature	Date

***Enter data from activities pertaining solely to the enforcement of the Snowmobile law, Part 821, 1994 PA 451, as amended.**

Send completed Activity Report to: SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925